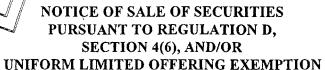


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





SEC USE OINET						
Prefix	Serial					
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Name of Offering (
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	TULOE PROFECE					
Type of Filing: New Filing Amendment	THOUSALL PROPERTY.					
A. BASIC IDENTIFICATION DATA	MAK TO GOOS					
1. Enter the information requested about the issuer	- MONAGON -					
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCIAL					
SiGe Semiconductor, Inc.						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
2680 QUEENSVIEW DRIVE OFTENA, ON KIR 859	613 +20-9244					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Brief Description of Business						
	ODDALES ETC.					
Besien And said on Semiconductors, m	ODBULES ETC.					
Type of Business Organization Corporation Iimited partnership, already formed other (plus business trust limited partnership, to be formed	lease specify):					
Month Year						
Actual or Estimated Date of Incorporation or Organization: /	nated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	and the second s					
CN for Canada; FN for other foreign jurisdiction)	DE					
GENERAL INSTRUCTIONS						
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.					
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.						
Where To File: U.S. Sccurities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.						
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.						
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.						
Filing Fee: There is no federal filing fee.						
State:						
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall					
ATTENTION						
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlesfiling of a federal notice.						

Managing Partner Managing
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Each general and managing partner of partnership issuers. Check Box(es) that Apply:
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers. Check Box(es) that Apply:
Theck Box(es) that Apply:
Managing Partner Managing
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:
The Reversible Control
Check Box(es) that Apply:
Managing Partner Full Name (Last name first, if individual) O
Business or Residence Address (Number and Street, City, State, Zip Code) To 10 0 10 0 0 14 10 0 0 14 10 0 0 14 10 0 0 16 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 16 10 16 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 10 16 16 10 16 16 16 16 16 16 16 16 16 16 16 16 16
To Q o w To D w T f f 1 の
To Q o w 70
To Q o w 7 o の w 7 4 9 / 3
Managing Partner Full Name (Last name first, if individual) For いっている「ハビケ」 Suite 320 Business or Residence Address (Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner CAISTED BUSINESS or Residence Address (Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner CAISTED Business or Residence Address (Number and Street, City, State, Zip Code) MONTATAL PROMOTE Beneficial Owner Executive Officer Director General and/or Managing Partner THE VENEROL ONTH INVESTMENT FUNDS INC. VENEROL ONTH IT INVESTMENT FUNDS INC. Full Name (Last name first, if individual) 145 WELLINKTON STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORON ON TO STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORON ON TO STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORON ON TO STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORON ON TO STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORON ON TO STREET WEST SUITE 200 Managing Partner Managing Partner Managing Partner Managing Partner Managing Partner
Managing Partner Full Name (Last name first, if individual) For いっては、これでは、Sulfe 320 Business or Residence Address (Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner CAISE DE NEDOT CT PURCENCY DU RICE Business or Residence Address (Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner CAISE DE Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner THE VENERAL ONTH INVESTMENT FUNDING VENERAL ONTH IT NOTES Business or Residence Address (Number and Street, City, State, Zip Code) THE VENERAL ONTH INVESTMENT FUNDING STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Business or Residence Address (Number and Street, City, State, Zip Code) TO CONTROL ON THE STREET WEST SUITE ZOO Managing Partner Managing Partner Director General and/or Managing Partner Managing Partner Director General and/o
Business or Residence Address (Number and Street, City, State, Zip Code) W キーエドター カ チー ロンサチ! Check Box(es) that Apply:
Business or Residence Address (Number and Street, City, State, Zip Code) WALTHAM MA. 02451 Check Box(es) that Apply:
WALTHAM MA. 02451 Check Box(es) that Apply:
WALTHAM
Managing Partner CAISSE DE NEPOT ET PLREEMENT DU RUESEC Full Name (Last name first, if individual) 1300 PLACE JEAN-PANL RIPELE Business or Residence Address (Number and Street, City, State, Zip Code) MONTREAL PR HZZ 283 CANANA Check Box(es) that Apply: Promoter R Beneficial Owner Executive Officer Director Managing Partner THE VENLOOWTH IN NOCSTMENT FUND INC. A VENLOOWTH II NOCSTMENT FUND INC. 145 WELL/NATON STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORONCO UN MST JH F CANANA Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Managing Partner CAISTE DE DEPOT ET PLIEEMENT DU RUESEC Full Name (Last name first, if individual) 1300 PLACE JEAN-PANL RIPELE Business or Residence Address (Number and Street, City, State, Zip Code) Managing Partner Recurring Promoter Resecutive Officer Director General and/or Managing Partner THE VENLOOWTH INVESTMENT FUND INC. + VENCOUNTH II NOVESTMENT STOREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) TORONTO UN MST IMP CAN PAA Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code) MONTREM PROMOTER REscutive Officer Director General and/or Managing Partner HAC VENEROUS IN INVESTMENT FUNDS INC. 4 VENEROUTH II INVESTMENT FUNDS INC. 4 VENEROUTH II INVESTMENT FUNDS INC. 4 VENEROUTH II INVESTMENT FUNDS INC. 6 VENEROUTH II INVESTMENT FUNDS IN FORMATION IN FUNDS IN FORMATION IN FUNDS IN FU
Business or Residence Address (Number and Street, City, State, Zip Code) ハットルでか
Mow TRUE PR H2 283 CAN A A A Check Box(es) that Apply: Promoter 区 Beneficial Owner 区 Executive Officer Director General and/or Managing Partner THK VENLOWTH IN VESTMENT FUND INC. 4 VENLOWTH II INVESTMENT FUND INC. 4 VENLOWTH II INVESTMENT FUND INC. 14 VENLOWTH II INVESTMENT OF THE ST. 5 4 1 7 5 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Managing Partner Full Name (Last name first, if individual) 「サール・レン・レント アン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファ
Managing Partner Full Name (Last name first, if individual) 「サール・レン・レント アン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファン・ファ
THE VENAROWTH INVESTMENT FUND 1NC. 4 VENAROWTH II 1NVEST Full Name (Last name first, if individual) 1 サブ Wとしいんてつ STREET WEST SUITE 200 Business or Residence Address (Number and Street, City, State, Zip Code) せったっペーン レル M 55 1 H 8 C の 単本 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
1 リイド Wとしに Number and Street, City, State, Zip Code) Business or Residence Address (Number and Street, City, State, Zip Code) ナロルロンドゥ レル アンティト Company Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code) せったっぺてら、 しゃ
Business or Residence Address (Number and Street, City, State, Zip Code) せったっぺてら、 しゃ
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Managing Partner Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Coffering price number of investors, expenses and use of proceeds

Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	`———	\$
	Equity	\$ 26,500,000.00	\$ 24,999,999.77
	Convertible Securities (including warrants)	c 26,500,000.00	24,999,999.77
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	5	\$ 21,000,000.11
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	20	\$ 24,999,999.77
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	20	\$ 24,999,999.77
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 215,000.00
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total	_	\$ 215,000.00

	COFFERING PRICE NUMBER	BEROMANYESTORS EXPENSES AND USE OF P	RÖC FEDS		
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C— proceeds to the issuer."			26,285,000.00	
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees	[]\$		
	Purchase of real estate]\$		
	Purchase, rental or leasing and installation of mac and equipment	hinery [. []\$	
	Construction or leasing of plant buildings and faci	ilities] \$	S	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	ך\$	□\$	
	Repayment of indebtedness	-		_	
	Working capital, 2+2 Ax D 5 b 7 d	· ·	_		
	Other (specify):	[
			\$	\$	
	Column Totals	[_	
	Total Payments Listed (column totals added)		5,285,000.00		
		EDEREDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the mature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commis	sion, upon writte		
Īss	uer (Print or Type)	Signature, I	Date		
Şi	Ge Semiconductor, Inc.	1 A. A Som 1	March 3, 2005		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
R.	Stephen Bower Secretary, Treasurer and Chief Financial Officer				

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)